your guide to
male and female
sterilisation

Helping you choose the method
of contraception that is best for you

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Male and female sterilisation

Sterilisation works by stopping the egg and the sperm meeting. This is done by blocking the fallopian tubes (which carry an egg from the ovary to the womb) in women or the vas deferens (the tube that carries sperm from the testicles to the penis) in men.

Sterilisation is a permanent method of contraception, suitable for people who are sure they never want children or do not want more children. You may want to find out about other long-term methods of contraception which are as effective as sterilisation but reversible. Ask your doctor, nurse or contact FPA (see back cover).

Questions & Answers

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How effective is sterilisation?

Male sterilisation (vasectomy)
About 1 in 2,000 male sterilisations fail.

Female sterilisation (tubal occlusion)
The overall failure rate is about 1 in 200. Research suggests that when the sterilisation is done using a type of clip known as the Filshie clip, the failure rate in the ten years after the operation may be lower (1 in 33,500).

There is a risk that sterilisation will not work. The tubes that carry the sperm in men and the eggs in women can repair after sterilisation. This can happen immediately or some years after the operation has been carried out. So if the woman ever thinks she might be pregnant she should see a doctor or nurse as soon as possible.
What are the advantages of sterilisation?
- It does not interrupt sex.
- After sterilisation has worked you don’t have to do anything about contraception ever again.

What are the disadvantages of sterilisation?
- The tubes may repair and you will be fertile again. This is not common.
- Sterilisation cannot be easily reversed.
- Sterilisation does not protect you against sexually transmitted infections.
- It takes at least two months for a vasectomy to be effective.

Can anyone be sterilised?
Sterilisation is for people who are sure they do not want more children or any children. You should not decide to be sterilised if you or your partner are not completely sure or if you are under any stress, for example after a birth, miscarriage, abortion or family or relationship crisis.

Research shows that more women and men regret sterilisation if they were sterilised when they were under 30, had no children or were not in a relationship. Because of this, young or single people may receive extra counselling.

Where can I go for advice on sterilisation?
You can go to a family planning clinic, your GP or practice nurse. If you prefer not to go to your own general practice or they don’t provide contraceptive services they will refer you to
another practice or clinic. All treatment is confidential and free. In some areas, NHS waiting lists for sterilisation can be quite long. You can pay to have the operation done privately.

What information should I receive before I decide to be sterilised?
You should get full information and counselling if you want to be sterilised. This gives you a chance to talk about the operation in detail and any concerns you may have. You should be told about:

- other highly effective long-term but reversible methods of contraception
- both male and female sterilisation, their failure rates, any possible complications and reversal difficulties.

Anyone being sterilised will have to sign a consent form.

Do I need my partner’s permission?
By law you do not need your partner’s permission but some doctors prefer both partners to agree to the operation after information and counselling.

Can sterilisation be reversed?
Sterilisation is meant to be permanent. There are reversal operations, but they are not always successful. The success will depend upon how and when you were sterilised. Reversal is rarely available on the NHS and can be difficult and expensive to obtain privately.
Male sterilisation (vasectomy)

What is a vasectomy?
The tubes (vas deferens) that carry sperm from your testicles to your penis are cut, sealed or blocked.

What is the operation like?
You will be given a local anaesthetic. To reach the tubes (vas deferens), the doctor will make either a small cut or puncture, known as the no-scalpel method, in the skin of your scrotum. The doctor will then cut the tubes and close the ends by tying them or sealing them with heat. Sometimes a small piece of the tube is removed when they are cut. The openings in your scrotum will be very small and you may not need to have any stitches afterwards. If you do, dissolvable stitches or surgical tape will be used. The operation takes about 10-15 minutes and may be done in a clinic, hospital outpatient department or doctor's surgery. Sometimes it is necessary to do the operation using a general anaesthetic, but this is not common.

How will I feel after the operation?
Your scrotum may become bruised, swollen and painful. Wearing tight-fitting underwear to support your scrotum, day and night, for a week may help. You should avoid strenuous exercise for at least a week. For most men pain is quite mild and they do not need further help. The doctor or nurse should give you information about how to look after yourself.

Are there any serious risks or complications?
Research shows that there are no known serious...
long-term health risks caused by having a vasectomy

Occasionally, some men have bleeding, a large swelling, or an infection. In this case, see your doctor as soon as possible. Sometimes sperm may leak out of the tube and collect in the surrounding tissue (sperm granuloma). This may cause inflammation and pain immediately, or a few weeks or months later. If this happens it can be treated.

Some men may experience on-going pain in their testicles. This is known as chronic pain. Treatment for this is often unsuccessful.

The large majority of men having a vasectomy will have a local anaesthetic, but sometimes a general anaesthetic is used. All operations using a general anaesthetic carry some risk, but serious problems are rare. For more information on anaesthetics visit the website www.youranaesthetic.info

When will a vasectomy be effective?

You need to use an extra method of contraception after the operation because sperm are left in the tubes that lead to the penis. The rate these sperm are used up varies from man to man. About eight weeks after the operation, you should have a semen test to see if the sperm have gone. Sometimes, more than one test is needed. You can have sex as soon as it is comfortable, but you can only rely on a vasectomy for contraception after you have been told that the semen test is negative.